

**DEPARTMENT OF HUMAN SERVICES
REPRESENTATIVE'S QUARTERLY REPORT**

Protected person's name: _____

Representative (*please print*): _____

Reporting period: _____

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Representative (*signature*): _____

Dated: _____

Upon completion of this quarterly report, the representative requests a stipend in the amount of

\$ _____. (\$ _____ X _____ months = \$ _____)

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REPORTING PERIOD: _____

1. Protected person's name:			
2. Protected person's address:			
3. Has the protected person moved to a different residence this quarter?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes If yes, on what date?
4. Has the level of supervision and type of residence changed?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
5. Type of residence:			
<input type="checkbox"/>	Independent apartment living with staff on the premises.		24 hours
<input type="checkbox"/>	Independent community living with day services only.		Day hours only
<input type="checkbox"/>	Group home or congregate living.		
6. Name of service provider:			
7. Name of service coordinator or case manager:			
8. Has the service provider or service coordinator (case manager) changed this quarter?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes If yes, on what date?
9. Has the protected person visited a health care professional for any reason this quarter?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes If yes, on what date(s) and describe the reason?
10. Has the protected person been hospitalized for any reason this quarter?			
<input type="checkbox"/>	No	<input type="checkbox"/>	Yes If yes, on what date(s) and describe the reason?
11. During this quarter the protected person's physical health has:			
<input type="checkbox"/>	Remained the same		
<input type="checkbox"/>	Improved, describe:		
<input type="checkbox"/>	Deteriorated, describe:		

12. During this quarter the protected person's mental health has:	
	Remained the same
	Improved, describe:
	Deteriorated, describe:
13. List the number of times and dates you have visited the protected person this quarter:	
14. What significant action(s) did you take this quarter on the protected person's behalf:	
	Attended annual meeting
	Attended special team meeting
	Signed authorization(s) for:
	Authorized major purchases for:
	Reviewed financial statements
List any other significant action(s) not included above, describe:	
15. List any other significant information regarding the protected person this quarter:	

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief is in all things true and correct.

Signature: _____

Date: _____

Print name: _____